

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711535

FILED
Apr 29, 2005
Secretary of State

Entity Name: METHODIST MEDICAL CENTER, INC.

Current Principal Place of Business:

655 WEST 8TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

655 WEST 8TH STREET
ATTN: CHARLES E. CANIFF
JACKSONVILLE, FL 32209

New Mailing Address:

ATTN: CHARLES E. CANIFF, ESQ.
655 W. 8TH STREET
JACKSONVILLE, FL 32209

FEI Number: 59-1158241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANIFF, CHARLES E ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: GOLDFARB, TIMOTHY
Address: 655 W 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: RYAN, WILLIAM J
Address: 655 W 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD () Delete
Name: CANIFF, CHARLES E
Address: 655 W 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: BURKHART, JAMES R
Address: 655 W 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CANIFF, CHARLES E ESQ.
Address: 655 W 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. CANIFF

SD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date